

## Rental Agreement for the Victorian Parlor at the Southwest Virginia Museum

Date of Initial Contact:	Dat	te of Event:	
Rental Period: Day of Event:			
Name of Renter			
Address			<del></del>
City			
Phone Number (H)		_ (W)	<del></del>
Area of the facility to be reported in the property of the property of the facility to be reported in the property of the		Basement Hallwa	y
The Victorian Parlor must	: AV Room be rented before any add	First Floor Long ( litional rooms)	Gallery
2. You have requested a	Basic Package	Executive Package	
3. The area rented will be set S	with tables, erving equipment (Coffee		AV Equipment,
4. Number of Guests for Ever	nt		
5. Will event be catered?	If yes, name of	caterer	
6. Will decorator or florist be	e used? If yes,	name of decorator or flori	ist
7. Will alcoholic beverages be You will be <b>required</b> to pre Please, indicate your ABC	esent your license before	being given access to the f	_
8. Who will be responsible for	•	_	
Name:			·
Address: City	State		Zip
COST OF EVENT: \$ Payment may be made by che			
Virginia.			
PAYMENT DUE DATE:			
I have received and read the with all operating procedure rules and regulations. No every serious of the seriou	es and guidelines, all sta	ate and local ordinances	
Cianoturo		Do	to.